



**Department of Health and Social Services  
Division of Developmental Disabilities Services (DDDS)  
Quality Working Group  
December 18, 2014 - Meeting Minutes**

**Meeting Location:** DDDS Fox Run Site – Large Training Room, Bear, Delaware

**Time:** 1 p.m. – 3 p.m.

**Facilitator:** Kimberly Reinagel-Nietubicz, Controller General's Office

**Minutes:** Vicky Gordy, DDDS

**DDDS Quality Working Group Members Present**

Terry Olson, The ARC of DE	Gary Cassedy, Easter Seals
Gail Womble, Parent	Carol Kenton, Parent
Terri Hancharick, Parent	C. Thomas Cook, Delarf
Kimberly Reinagel-Nietubicz, Controller General's Office	Verna Hensley, Easter Seals
Laurie Nicoli, Parent	Micki Edelsohn, Parent & Homes for Life
Debra Miller, Chimes	Brian Hall, Autism Delaware
Steve Tull, Parent	Stevie Tull, Self Advocate
Kim Siegel, Lt. Governor's Office*	Jane Gallivan, DDDS
Frann Anderson, DDDS	Rep. Debra Heffernan

**AGENDA:**

- I. Welcome and Introductions
- II. Review and Approval of Meeting Minutes
- III. National Core Indicators, Frann Anderson
- IV. Mission Statement Review and Discussion
- V. Next Meeting Topics and Date

**I. Welcome Introductions**

Meeting opened with Kimberly Reinagel-Nietubicz thanking everyone for participating and attending today's DDDS Quality Working Group.

**II. Review and Approval of Meeting Minutes**

The Working Group reviewed and approved the minutes from the October 16, 2014, meeting.

\* observer

### **III. National Core Indicators, Frann Anderson**

Frann presented the National Core Indicators (NCI) presentation to Working Group. The presentation was informative and touched on the following areas:

- Overview of National Core Indicators
- Goals of the Project
- The Indicators
- Hand Written Data
- ODESA (NCI database)
- Adult Survey & Family/Guardian Survey
- Data
- Results
- Psychotropic Medications

NCI provides currently collects data from 42 states and District of Columbia (participation of states continues to grow) with a goal of providing national data to provide nationally recommendations. NCI participation is voluntary; therefore, DDDS hopes to have a return of at least 400 (statistically significant number) surveys or more. NCI does not capture individual agency information.

Reportedly, most families who reside downstate will not respond unless interviews are face-to-face. Many families feel overburden and what keeps them from participating is that they do not feel it will make any difference due to beliefs that only money and people will make a difference.

Rep. Heffernan discussed the possibility of adding a question under the health section of the Adult Consumer Survey surrounding using emergency rooms as defaults in the absence of identified medical professionals. Reportedly, when someone is experiencing a behavior issue, individuals seeks care at an emergency room in order to obtain access to system. Individuals living at home with families are supported by managed care unlike individuals who receive Home and Community Based Waiver services who were carved out of managed care for regular healthcare benefits, for unknown reasons. DDDS continues to work with the Division of Medicaid & Medical Assistance (DMMA) to reconsider and transition individuals receiving Home and Community Based Waiver services back to managed care as well. DMMA has quality standards that require managed care companies to support preventive programs.

### **IV. Mission Statement Review and Discussion**

The task of this group is to develop a quality standard process. Decisions include whether to increase DDDS current quality standard process or develop a new process so when fully funded, other funding options may be considered, once known how to assess all provider agencies. The key objective is to have outcomes accessible to families and consumers.

It was decided that the Working Group would follow epilogue language that states, “to plan for the development of additional quality standards for providers of home and community based

services". The Working Group must determine if to build on what DDDS is currently measuring per standards (presented during last two meetings), or modify, or create something in addition to achieve what quality standards are, related to home and community based services. The NCI Project and electronic case management system may be used to create additional standards due to data not being available when epilogue language was released. In terms of DSP standards, reportedly, the University of Minnesota has done this work, nationally to include many direct line staff in process. Reassurance to legislature ought to continue to add funding towards rate increases for DDDS to continue to move in this direction, as increase funding is necessary to increase expectations of DSP's. The role of the supervisor is critical to the success of the employee.

Frann Anderson volunteered to compare Minnesota's DSP standards with DDDS College of Direct Support (CDS) DSP standards as the parent company of (CDS) is Elsevier who is aware of Minnesota's DSP standards.

Discussion regarding educational expectations of direct support professionals and how this changes based on service needs of individual was had by group. The role DSP's have in preventing polypharmacy discussion was had as well. Reportedly, 33% of Delaware's population has a mental health issue. DDDS is working with DHSS to learn more and plan to report outcome and continues to work with mental health system to identify support resources.

Currently, the rate system does not recognize if you need something different other than more service units (based on certain criterion). DDDS is examining how to create an add-on rate via a waiver amendment that would recognize that something different is necessary. Staff qualifications, trainings associated, necessary certification, must be determined to include a cost association to train DSP's to support an add-on rate for people with significant challenging behaviors. The person's needs would dictate the kind of supports and type of DSP necessary to provide supports.

The ICAP assessment determines baseline needs. DDDS continues work on developing the draft assessment tool for the exception process that is being piloted by two provider agencies to identify high end behavior needs and high end medical needs in an effort to test if assessment is capturing correctly. Currently, exceptions are arbitrarily granted although DDDS prefers a process with predictability that provider agencies understand. DDDS intends to share the assessment tool once completed.

DDDS must update standards due to changes in the Home and Community Based Waiver. DDDS is in the process of reviewing standards relating to qualifications to each position and working to create standards and performance measures for day programs and community living arrangements.

Funding provided by the legislature during last session included a residential rate increase of a little over 5%, effective January 1<sup>st</sup>. This moves residential rates closer to the 75% of the ideal rate, due to residential services being more underfunded than other services based on the

additional costs to deliver residential service. Additional non-reimbursable cost associated with delivery of residential service include, adequate supervision, criminal background checks, workers compensation, insurance cost, etc. as cost have increased. Therefore, it will be unlikely the DSP's are going to receive a 5% increase in wage, but hopefully will receive see an increase. The DDDS Director and the DELARF Executive Director will work to determine the best method to provide the Working Group with the percentage increase DSP's receive from the 5% increase. If agencies providers focus just on wages alone, the wage scale becomes compressed.

The use of data from multiple sources in the DDDS system is challenging. DDDS has recently developed more reports to identify aggregate data in an effort to reduce this challenge. A new skill set is needed for employees to be well trained to draw down data elements with knowledge of Medicaid coding for services.

The question was raised if the outcome of the task of this Working Group will have a direct effect on obtaining funding. To improve quality of services an individual receives requires money and trained, skilled staff. In order to support receiving additional funding, what needs to be identified?

The Working Group discussed the possibility of the gap in rate funding increases with the length of time required for this group to develop quality standards. Rate studies are typically valid for a three-year period, and may need to be refreshed or require periodic reviews to stay current. Reportedly, it is not the Legislature's intent to delay funding relating to rate study.

## **V. Next Meeting Topics and Date**

Kimberly Reinagel-Nietubicz will work with Jane Gallivan to schedule next meeting to notify group. Working Group was asked to send any additional topics of discussion for next meeting to Kimberly. It would be helpful if discussion topic ideas or thoughts were shared with DDDS in advance of meeting to complete any necessary research.

Kimberly will provide Frann Anderson the link to University of Minnesota website to complete a comparison to report outcome during next meeting. She will also speak to Mr. Cook regarding his work at Dungarvin that may support the Working Group's task.

DDDS is near the end of the request for proposal process to select the vendor of an electronic case management system. The Group requested to discuss the incident management system in terms of what data will be available that may help determine quality levels by provider within the electronic case management system during the next meeting, if possible.

If finalized, DDDS will provide the tool for the exception process.

Meeting adjourned at 3:15 p.m.